

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO. <u>041</u>	FILING DATE					
							APPLICANT(S)						
CLAIMS													
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/				51		2		2		
2		/		/			52		2		2		
3		/		/			53		2		2		
4		/		/			54		2		2		
5		/		/			55		2		2		
6		/		/			56		/		/		
7		/		/			57		/		/		
8		/		/			58		2		2		
9		/		/			59	/		/			
10		/		/			60		/		/		
11		/		/			61		/		/		
12		/		/			62		/		/		
13		/		/			63		/		/		
14		/		/			64		/		/		
15		/		/			65		/		/		
16		/		/			66		/		/		
17		/		/			67		/		/		
18		/		/			68				/		
19		/		/			69						
20		/		/			70						
21		2		2			71						
22		2		2			72						
23		2		2			73						
24		2		/			74						
25		2		2			75						
26		2		2			76						
27		2		2			77						
28		2		2			78						
29	/		/				79						
30		/		/			80						
31		/		/			81						
32		/		/			82						
33		/		/			83						
34		/		/			84						
35		/		/			85						
36		/		/			86						
37		/		/			87						
38		/		/			88						
39		/		/			89						
40	/		/				90						
41	/		/				91						
42		/		/			92						
43		/		/			93						
44		2		2			94						
45		2		2			95						
46		2		2			96						
47		2		2			97						
48		2		2			98						
49		2		2			99						
50		2		2			100						
TOTAL IND.	5		5				TOTAL IND.						
TOTAL DEP.	80		71				TOTAL DEP.						
TOTAL CLAIMS	85		76				TOTAL CLAIMS						